

Case Number:	CM15-0065943		
Date Assigned:	04/13/2015	Date of Injury:	06/30/2007
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old male, who sustained an industrial injury on 6/30/2007. He reported back and lower extremity pain after lifting another person. The injured worker was diagnosed as having bilateral lumbar radiculopathy, and chronic myofascial pain. Treatment to date has included medications, and urine drug screening. The request is for Tramadol 150mg, Norco 10/325mg, and electrodiagnostic testing of the lower extremities. On 2/4/2015, he indicates his medication reduces his pain by 20%. A primary treating physician evaluation on 3/11/2015 reveals his current complaints as severe low back pain with radiation into both lower extremities. The treatment plan included: Tramadol, Norco, and request for magnetic resonance imaging with neurodiagnostic of the lower extremities. He has been utilizing Norco and Tramadol since at least 10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 150mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 74-96.

Decision rationale: The patient has complaints of severe lower back pain with radiating pain, numbness and weakness into both lower extremities. The current request is for Tramadol 150mg #30 with three refills. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, my recommendation is for denial. Therefore the request is not medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 74-96.

Decision rationale: The patient has complaints of severe lower back pain with radiating pain, numbness and weakness into both lower extremities. The current request is for Norco 10/325mg #30. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, my recommendation is for denial. Therefore the request is not medically necessary.

Electrodiagnostic testing-lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Electrodiagnostic testing.

Decision rationale: The patient has complaints of severe lower back pain with radiating pain, numbness and weakness into both lower extremities. The current request is for Electrodiagnostic testing - lower extremities. ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Repeat studies are not addressed. ODG (Online Low Back chapter: EMGs (electromyography) ODG states, "Recommended as an option (needle, not surface). EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Repeat studies are not addressed. With regard to Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS are not recommended for low back conditions." In this case, electrodiagnostic studies were performed in 2009 and showed evidence of radiculopathy. Thus unequivocal radiculopathy has already been established. The attending physician provides no information as to why duplicating a test which positively identified radiculopathy is indicated at this time. Furthermore, there is no indication per the guidelines for a nerve conduction study at this time. The current documentation does not establish medical necessity for EMG or NCS studies. As such, recommendation is for denial. Therefore the request is not medically necessary.